

<b>TRAVEL VOUCHER OR SUBVOUCHER</b>				Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.			
<b>1. PAYMENT</b> <input type="checkbox"/> Electronic Fund Transfer (EFT) <input type="checkbox"/> Payment by Check Split Disbursement: Amt to Govt Tvl Charge Card \$ _____				<b>2. TYPE OF PAYMENT (X as applicable)</b> <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee <input type="checkbox"/> PCS <input type="checkbox"/> Other <input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA		<b>3. FOR D.O. USE ONLY</b> a. D.O. VOUCHER NUMBER _____  b. SUBVOUCHER NUMBER _____	
<b>4. NAME (Last, First, Middle Initial) (Print or type)</b> _____				<b>5. GRADE</b> _____		<b>6. SSN</b> _____	
<b>7. ADDRESS. a. NUMBER AND STREET</b> _____		<b>b. CITY</b> _____		<b>c. STATE</b> _____		<b>d. ZIP CODE</b> _____	
<b>8. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b> _____		<b>9. TRAVEL ORDER NUMBER</b> _____		<b>10. PREVIOUS GOVERNMENT PAYMENTS/ADVANCES</b> _____			
<b>11. ORGANIZATION AND STATION</b> _____				<b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)</b> _____			
<b>12. DEPENDENT(S) (X and complete as applicable)</b> <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED							
a. NAME (Last, First, Middle Initial) _____							
b. RELATIONSHIP _____ c. DATE OF BIRTH OR MARRIAGE _____							
<b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in remarks) _____				<b>d. COMPUTATIONS</b> _____			
<b>15. ITINERARY</b>							
a. DATE	b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
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## (Continuation Sheet)

PAGES

## 15. ITINERARY

[illegible][illegible]

a. DATE	b. NO. OF MEALS	a. DATE	b. NO. OF MEALS

## 29. REMARKS

## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 5701, 37 USC 404-427, and EO 9397.

**PRINCIPAL PURPOSE(S):** Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims.

**ROUTINE USE(S):** To substantiate claims for reimbursement for official travel.

**DISCLOSURE:** Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example: \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation	- B	Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned	- R	Rail	- R
Conveyance (POC)	- P	Vessel	- V

#### 15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

## 29. REMARKS

**EMPLOYEES: INDICATE DATES ON WHICH LEAVE TAKEN FOR MORE THAN ONE-HALF OF PRESCRIBED DAILY WORKING HOURS**

**UNIFORMED MEMBERS: INDICATE DATES ON WHICH LEAVE WAS TAKEN**

[illegible]

I, \_\_\_\_\_, certify that itemized amounts are actual and necessary expenses  
(Type or Print Name)

incurred by me in performance of official travel for which I have not been reimbursed.

**SIGNATURE**

DATE \_\_\_\_\_